

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 92-183File 4/12/91FLOYD CountyDate of Application 4/12/91

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 > No ☐ Yes ☐ 2/23/76
If No, Medical Examination or Report Dated
Name of Physician E. Pickers

MALE APPLICANT	FEMALE APPLICANT
Name <u>Hobart Wayne Love, Jr.</u>	Name <u>Robin M. Kemp</u>
Date of Birth <u>2</u> Month <u>14</u> Day <u>1970</u> Year	Date of Birth <u>1</u> Month <u>23</u> Day <u>1972</u> Year
Place of Birth (State or foreign country) <u>Glasgow, Warren Co., Ky.</u>	Place of Birth (State or foreign country) <u>New Albany, Ind.</u>
Residence Address <u>2411 Budd Rd. New Albany, Ind.</u>	Residence Address <u>2411 Budd Rd. New Albany, Ind.</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u> </u>	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u> </u>
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u> </u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u> </u>
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u> </u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Birth Certificate</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. <u> </u>	5. List the full names of any dependent children. <u> </u>
6. (a) Full name of applicant's father <u>Hobart Wayne Love</u> (If adopted, list Adoptive Parents Only) <u> </u> Residence of father (if deceased, so state) <u>Glasgow, Ky.</u> Birthplace of father (State or foreign country) <u>Glasgow, Ky.</u>	6. (a) Full name of applicant's father <u>Harry Edward Kemp</u> (If adopted, list Adoptive Parents Only) <u> </u> Residence of father (if deceased, so state) <u>Same as above</u> Birthplace of father (State or foreign country) <u>Kentucky</u>
(b) Full maiden name of applicant's mother <u>Brenda Taylor Love</u> (If adopted, list Adoptive Parents Only) <u> </u> Residence of mother (if deceased, so state) <u>Carlsville, Ky.</u> Birthplace of mother (State or foreign country) <u>Glasgow, Ky.</u>	(b) Full maiden name of applicant's mother <u>Katherine Tara Rodewig</u> (If adopted, list Adoptive Parents Only) <u> </u> Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Indonesia</u>

ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant <u> </u> Date <u> </u>	Signature of Applicant <u> </u> Date <u> </u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court <u> </u> Date <u> </u>	Clerk of Court <u> </u> Date <u> </u>
State of Indiana <u>Flag</u>) ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana <u>Flag</u>) ss: I swear/affirm that the information given in this application is true and correct.
X Signed <u>Robert W. Love Junior</u>	X Signed <u>John H. Kemp</u>
New Address <u> </u>	New Address <u> </u>
Subscribed and sworn to before me this <u>12</u> day of <u>April</u> , 19 <u>91</u>	Subscribed and sworn to before me this <u>12</u> day of <u>April</u> , 19 <u>91</u>
<u>Betty J. Hammond</u> Clerk of the <u>FLOYD</u> Circuit Court	<u>Betty J. Hammond</u> Clerk of the <u>FLOYD</u> Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary <u> </u>	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary <u> </u>
State of Indiana <u> </u>) ss: <u> </u>	State of Indiana <u> </u>) ss: <u> </u>
County of <u> </u>) <u> </u>	County of <u> </u>) <u> </u>
Father <u> </u> ID # <u> </u>	Father <u> </u> ID # <u> </u>
Mother <u> </u> ID # <u> </u>	Mother <u> </u> ID # <u> </u>
Subscribed and sworn to before me this <u> </u> day of <u> </u> , 19 <u> </u>	Subscribed and sworn to before me this <u> </u> day of <u> </u> , 19 <u> </u>
<u> </u> Clerk	<u> </u> Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 4/12/91, authorizing the marriage of HOBART WAYNE LOVE, JR. and ROBIN M. KEMP.

I further certify that the following marriage certificate was filed in my office:
I, FREDIA RODEWIG (name), certify that on 4/13/91 (date), at NEW ALBANY in FLOYD County, Indiana, HOBART WAYNE LOVE, JR. of FLOYD County, INDIANA (state), and ROBIN M. KEMP of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 4/13/91.

Signed by: fredia rodewig, pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 4/16/91 (date).

Signed BETTY J. HAMMOND Clerk

FLOYD Circuit Court